



*Department of Health  
and Human Services*  
*Maine People Living  
Safe, Healthy and Productive Lives*

Department of Health and Human Services  
# 11 State House Station  
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**DATE:** January 31, 2011  
**TO:** Interested Parties  
**FROM:** Russell J. Begin, Acting Director, MaineCare Services  
**SUBJECT:** Proposed Rule – MaineCare Benefits Manual, 10-144 C.M.R. Ch 101, Chapter III, Section 68, Occupational Therapy Services

This letter gives notice of a Proposed Rule – MaineCare Benefits Manual, 10-144 C.M.R. Ch 101, Chapter III, Section 68, Occupational Therapy Services.

The Department of Health and Human Services is proposing this rule to correct some units of service in the Chapter III of this Section, to be compliant with units mandated by the Centers of Medicare and Medicaid Services (CMS). Consequently, the Department is proposing rate adjustments, based on utilization, that remain cost neutral with the new units of service.

Rules and related rulemaking documents may be reviewed at and printed from the MaineCare Services website at or, [http://www.maine.gov/dhhs/oms/rules/provider\\_rules\\_policies.html](http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html) or a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-606-0215.

A concise summary of the proposed rule is provided in the Notice of Agency Rule-making Proposal. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the Notice of Agency Rule-making Proposal.

## Notice of Agency Rule-making Proposal

**AGENCY:** Department of Health and Human Services, MaineCare Services

**RULE TITLE OR SUBJECT:** MaineCare Benefits Manual, 10-144 C.M.R. Ch 101, Chapter III, Section 68, Occupational Therapy Services

**PROPOSED RULE NUMBER:**

**CONCISE SUMMARY:** The Department of Health and Human Services is proposing this rule to correct some units of service in the Chapter III of this Section, to be compliant with units mandated by the Centers of Medicare and Medicaid Services (CMS). Additionally, the Department is proposing cost neutral rate adjustments.

**SEE** [http://www.maine.gov/dhhs/oms/rules/provider\\_rules\\_policies.html](http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html) **for rules and related rulemaking documents.**

**THIS RULE WILL \_\_ WILL NOT X HAVE A FISCAL IMPACT ON MUNICIPALITIES.**

**STATUTORY AUTHORITY:** 22 M.R.S.A. §§ 42(1), 3173.

**PUBLIC HEARING:**

Monday, February 28, 2011 @ 1:30pm  
Location: Conference Room 1A & 1B  
Department of Health and Human Services  
MaineCare Services  
442 Civic Center Drive  
Augusta, ME

The Department requests that any interested party requiring special arrangements to attend the public hearing please contact the agency person listed below before February 21, 2011.

**DEADLINE FOR COMMENTS:** Comments must be received by midnight Thursday, March 10, 2011.

**AGENCY CONTACT PERSON:** Delta Cseak, Comprehensive Health Planner  
[delta.cseak@maine.gov](mailto:delta.cseak@maine.gov)

**AGENCY NAME:** MaineCare Services  
**ADDRESS:** 442 Civic Center Drive  
11 State House Station  
Augusta, Maine 04333-0011

**TELEPHONE:** 207-287-6348 **FAX:** (207) 287-9369 **TTY:** 1-800-606-0215 or 207-287-1828 (Deaf or Hard of Hearing)

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10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER III

SECTION 68

OCCUPATIONAL THERAPY SERVICES

LAST UPDATED 9/28/10

MaineCare coverage of Occupational Therapy Services is limited. Refer to Chapter II, Section 68.07 for specific limitations

**Use the following modifiers when appropriate:**

**TF – Intermediate Level of care – used for Certified Occupational Therapy Assistants and priced 10% below the Allowance rate**

**GO – Services delivered under an outpatient therapy plan of care**

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97003	Occupational Therapy Evaluation	per evaluation	<del>\$38.36</del> \$32.48
97004	Occupational Therapy Re-evaluation	per re-evaluation	<del>\$22.55</del> \$19.31
97150 GO	Therapeutic procedure(s), group (2 or more individuals)	per evaluation 15 minutes	<del>\$12.79</del> \$12.22
<b>THERAPEUTIC MODALITIES SUPERVISED</b>			
97012	<del>Application of a modality to one or more areas; t</del> Traction, mechanical	per service 15 minutes	<del>\$6.93</del> \$6.24
97014	<del>Application of a modality to one or more areas; e</del> Electrical <del>s</del> Stimulation (unattended)	per service 15 minutes	<del>\$6.23</del> \$5.61
97016	<del>Application of a modality to one or more areas; v</del> Vasopneumatic devices	per service 15 minutes	<del>\$6.98</del> \$6.28
97018	<del>Application of a modality to one or more areas; p</del> Paraffin bath	per service 15 minutes	<del>\$3.39</del> \$3.05
97022	<del>Application of a modality to one or more areas; w</del> Whirlpool	per service 15 minutes	<del>\$7.84</del> \$7.06

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97024	<u>Application of a modality to one or more areas; d</u> Diathermy (e.g. microwave)	<u>per service</u> <u>15 minutes</u>	<u>\$2.33</u> <del>\$2.10</del>
97026	<u>Application of a modality to one or more areas; i</u> Infrared	<u>per service</u> <u>15 minutes</u>	<u>\$2.16</u> <del>\$1.94</del>
97028	<u>Application of a modality to one or more areas; u</u> Ultraviolet	<u>per service</u> <u>15 minutes</u>	<u>\$2.91</u> <del>\$2.62</del>
	<b><u>THERAPEUTIC MODALITIES CONSTANT ATTENDANCE</u></b>		
97032	Application of a modality to one or more areas; electrical stimulation (manual)	15 minutes	<u>\$7.64</u> <del>\$6.88</del>
97033	<u>Application of a modality to one or more areas; i</u> ontophoresis	15 minutes	<u>\$11.00</u> <del>\$9.90</del>
97034	<u>Application of a modality to one or more areas; c</u> ontrast baths	15 minutes	<u>\$6.67</u> <del>\$6.00</del>
97035	<u>Application of a modality to one or more areas; u</u> ltrasound	15 minutes	<u>\$5.43</u> <del>\$4.89</del>
97036	<u>Application of a modality to one or more areas; H</u> ubbard tank	15 minutes	<u>\$11.75</u> <del>\$10.58</del>
	<b><u>THERAPEUTIC PROCEDURES</u></b>		
97110	Therapeutic procedure, one or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 minutes	<u>\$13.25</u> <del>\$11.93</del>
97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and/or standing activities	15 minutes	<u>\$13.84</u> <del>\$12.46</del>
97113	Aquatic therapy with therapeutic exercises	15 minutes	<u>\$15.93</u> <del>\$14.34</del>
97116	Gait training (includes stair climbing)	15 minutes	<u>\$11.62</u> <del>\$10.46</del>
97124	Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	15 minutes	<u>\$10.65</u> <del>\$9.59</del>

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions	15 minutes	<del>\$12.39</del> \$14.15
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk	15 minutes	<del>\$14.94</del> \$13.45
97761	Prosthetic training, upper and/or lower extremities	15 minutes	<del>\$13.43</del> \$12.09
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance)	15 minutes	<del>\$14.00</del> \$12.60
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training,) direct (one-on-one) patient contact by the provider	15 minutes	<del>\$11.53</del> \$10.38
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by provider	15 minutes	<del>\$12.24</del> \$11.02
97535	Self/care/home management training (e.g. activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider	15 minutes	<del>\$14.20</del> \$12.78
97542	Wheelchair management (eg, assessment, fitting, training)	15 minutes	<del>\$12.96</del> \$11.66
<b>ACTIVE WOUND CARE MANAGEMENT</b>			
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g. high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instructions(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	<del>per service</del> per session	<del>\$26.15</del> \$23.54

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97598	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g. high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel, and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters	<del>per service</del> per session	<del>\$26.15</del> \$23.54
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical applications(s), wound assessment, and instructions(s) for ongoing care	<del>per service</del> per session	<del>\$18.73</del> \$16.85
	<b>TESTS AND MEASUREMENTS</b>		
97762	Check out for orthotic/prosthetic use, established patient	15 minutes	<del>\$14.79</del> \$13.31
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report	15 minutes	<del>\$13.77</del> \$12.39
97755	Assistive technology assessment (e.g. to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report	15 minutes	<del>\$16.04</del> \$14.44
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device	<del>per service</del> 15 minutes	<del>\$38.07</del> \$34.26
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; first hour	60 minutes	<del>\$68.52</del> \$61.67
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; each additional 30 minutes	30 minutes	<del>\$13.23</del> \$11.91
	<b>MUSCLE AND RANGE OF MOTION TESTING</b>		

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
95832	Muscle testing, manual (separate procedure) with report; extremity – hand, with or without comparison with normal side	per service <del>15 minutes</del>	<del>\$11.53</del> <del>\$10.38</del>
95833	Muscle testing, manual (separate procedure) with report; – total evaluation of body, excluding hands	per service <del>15 minutes</del>	<del>\$17.85</del> <del>\$16.07</del>
95834	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk – total evaluation of body, including hands	per service <del>15 minutes</del>	<del>\$21.04</del> <del>\$18.94</del>
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	per service <del>15 minutes</del>	<del>\$8.34</del> <del>\$7.51</del>
95852	Range of motion measurements and report (separate procedure); each extremity – hand, with or without comparison with normal side	per service <del>15 minutes</del>	<del>\$6.49</del> <del>\$5.84</del>

	<b>CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (e.g. NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)</b>		
96110	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report	per service <del>15 minutes</del>	<del>\$5.16</del> <del>\$4.64</del>
96111	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report – extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report, per hour.	per service <del>60 minutes</del>	<del>\$62.66</del> <del>\$56.39</del>